



TELLER SENIOR COALITION PROGRAM SURVEY

As you know, the Teller Senior Coalition has been providing seniors and disabled citizens with services since 1996. It is our goal to assist Teller County Senior Citizens in living a full and active life with dignity and independence. To improve our services to you we are conducting this survey. Please complete all sections relating to each service you've received this last year.

We appreciate your filling out this form and *PROMPTLY* returning it to us. Thank you for helping TSC provide you with the best service possible.

PLEASE RETURN YOUR COMPLETED FORM BY MARCH 25, 2011.

TRANSPORTATION

1. How many times do you ride a month? Less than 4 5-10 More than 10

2. What is the purpose of these rides? Medical Food Shopping Bank
 Lunch at the Senior Center Post Office Co Spgs Doctors Other

3. Please rate the following: (Circle one)

- | | | | | | |
|--------------------------|-----------|-----------|------|------|------|
| • Our enrollment process | Excellent | Very Good | Good | Fair | Poor |
| • Our dispatcher | Excellent | Very Good | Good | Fair | Poor |
| • Our drivers | Excellent | Very Good | Good | Fair | Poor |

4. If you didn't rate us as EXCELLENT in each category, will you let us know what we can do to improve? Please give us your suggestions/comments.

5. Did the transportation program improve your quality of life?

- | | | | |
|------------------------------------|-----|----------|----|
| • Access to support systems | Yes | Somewhat | No |
| • Help prevent isolation | Yes | Somewhat | No |
| • Access to medical services | Yes | Somewhat | No |
| • Opportunity to meet others | Yes | Somewhat | No |
| • Access to nutritious meals | Yes | Somewhat | No |
| • Strengthen ties to the community | Yes | Somewhat | No |

RAPID RESPONSE / CENTS FOR SENIORS PROGRAM (UTILITY ASSISTANCE)

1. Did you participate in the utility assistance program? YES NO

2. How has the utility assistance program helped you?

3. What would you have done without the utility assistance program?

DURABLE MEDICAL EQUIPMENT LOAN PROGRAM

1. Did you borrow durable medical equipment?
(wheelchairs, shower benches, walkers, canes) YES NO

2. How did the equipment benefit you or your family?

3. Would you use this service again? YES NO

Your answers to these last four questions will help determine whether TSC is eligible to receive funding from the Gaming Industry in the future.

1. Are you a current Gaming Industry employee? YES NO

2. Have you, or a family member ever worked in the Gaming Industry? YES NO

3. Did you move here to work in the Gaming Industry? YES NO

4. How often do you gamble? NEVER A FEW TIMES A YEAR
WEEKLY MORE THAN ONCE A WEEK